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ALBANY, NY 12		T 1 0 2006	ansmitted to the USP	70 (S7H)	373-2885, on the dat	e indicated below.	
0/11/2006 LHONDIH2 000	000039 10658337	\ <u>R</u>		John Pietra	ngelø		(Depositor's name)
FC:2501 700.00 0P				Jakking !			(Signature)
2 FC:1504 3 FC:8001			PARADEMAN OF		October 6, 2006		
APPLICATION NO.	FILING DATE	/ Wr	FIRST NAMED INVEST	ÓR .	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/658,337	10/658,337 09/10/2003		Willard C. Wacha		19080.04		1868
TITLE OF INVENTION: 1			.				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	10/17/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS				
ARK, DAR		3643	043-042470				
1. Change of correspondent CFR 1.363). Change of correspondent CFR 1.363		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Heslin Rothenberg I Farley & Mesiti PC.					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unles	ss an assignee is identi		data will appear on the	patent. If an assign	nee is ide	entified below, the do	cument has been filed for
(A) NAME OF ASSIGN	•	netion of this form is NO	(B) RESIDENCE: (CI	•	COUNTR	RY)	
Please check the appropriate	te assignee category or	categories (will not be p	rinted on the patent):	Individual C	Corporatio	on or other private grou	p entity Government
4a. The following fee(s) are	e submitted:	4	b. Payment of Fee(s): (F		ny previ	ously paid issue fee si	hown above)
X Issue Fee X A check is enclosed. ∇ In this star for the control of the contro							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 10			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
5. Change in Entity Statu	s (from status indicated	i above)	overpayment, to D	Posit Account Infilm	08-	-1935 (enclose an	exua copy of this torm).
a. Applicant claims	•	•	☐ b. Applicant is no	onger claiming SMA	LL ENT	ITY status. See 37 CF	R 1.27(g)(2).
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Authorized Signature	Solfie			· Date Oct	ober	6_2006	
Typed or pripted came			Registration No. 39,331				
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